

TITLE VI COMPLAINT PROCEDURES

1. Any person alleging discrimination based on race, color, or national origin has a right to file a complaint within 180 days of the alleged discrimination. At the complainant's discretion, the complaint can be filed with the federal department or the Tennessee Treasury Department. If filed with the Treasury Department, the complaint should be directed to the attention of the personnel director. It is not necessary to know the identity of the complainant, so long as the information is sufficient to determine the identity of the recipient and indicates the possibility of a violation.
2. All complaints, written or verbal, should be accepted. In the event a complainant sets forth the allegations verbally and refuses to reduce such allegations to writing, the personnel director should reduce the elements of the complaint to writing.
3. Complaints, whether written or later reduced to writing by the personnel director, should contain the following information:
 - a. Name, address, and telephone number of the complainant.
 - b. The location and name of the entity delivering the service.
 - c. The nature of the incident that led the complainant to feel discrimination was a factor.
 - d. The basis of the complaint, i.e. race, color or national origin.
 - e. Names, addresses and phone numbers of people who may have knowledge of the event.
 - f. The date or dates on which the alleged discriminatory event or events occurred.Forms may be developed to aid a complainant in filing a complaint, but the use of such forms should not be required for acceptance of a complaint.
4. Complaints should be handled within 90 days of their receipt.
5. A letter should be sent acknowledging receipt of the complaint and requesting a time and date the personnel director can reach the complainant by phone to discuss the complaint.
6. Complainants are not parties to a Title VI investigation and do not enjoy a status different from other persons interviewed.
7. A preliminary inquiry should be conducted by the personnel director on all complaints to substantiate or refute the allegations.
8. If the preliminary inquiry indicates that there may be a problem, then a full complaint investigation should be initiated. A letter should be sent to the complainant explaining that an investigation will be started and that their cooperation will be needed in the future.

9. If the allegations are not substantiated a letter should be sent to the complainant that contains a description of the allegations investigated, the scope of the investigation, the facts learned and a closing statement summarizing the basis on which the determination was made.
10. A complaint log should be kept for records and submission to the proper federal authorities.

TENNESSEE DEPARTMENT OF TREASURY**TITLE VI DISCRIMINATION COMPLAINT FORM**

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please let us know.

1. Complainant's Name _____
Address _____
City, State and Zip Code _____
Telephone Number (home) _____
(business) _____
2. Person discriminated against (if someone other than the complainant)
Name _____
Address _____
City, State and Zip Code _____
3. What is the name and location of the agency that you believe discriminated against you?
Name _____
Address _____
City, State and Zip Code _____
Telephone Number _____
4. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:
a. Race/Color (specify) _____
b. National Origin (specify) _____
5. What date did the alleged discrimination take place? _____
6. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. _____

7. Have you tried to resolve this complaint through the internal grievance procedure at the agency? ____ Yes ____ No

If yes, what is the status of the grievance? _____

Name and title of the person who is handling the grievance procedure.

Name _____

Title _____

8. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? ____ Yes ____ No

If yes, check all that apply:

- | | |
|----------------|--------------------------|
| Federal agency | <input type="checkbox"/> |
| Federal court | <input type="checkbox"/> |
| State agency | <input type="checkbox"/> |
| State court | <input type="checkbox"/> |
| Local agency | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

9. Do you intend to file this complaint with another agency? ____ Yes ____ No

If yes, when and where do you plan to file the complaint?

Date _____

Agency _____

Address _____

City, State, and Zip Code _____

Telephone Number _____

10. Has this complaint been filed with this agency before? ____ Yes ____ No

If yes, when? Date _____

11. Have you filed any other complaints with this agency? ____ Yes ____ No

If yes, when and against whom were they filed?

Date _____

Name _____

Address _____

City, State, and Zip Code _____

Telephone Number _____

Give a brief description of the other complaint _____

What is the status of the other complaint? _____

12. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

DISCRIMINATION IS PROHIBITED

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT FEDERALLY ASSISTED PROGRAMS BE FREE OF DISCRIMINATION. THE TENNESSEE DEPARTMENT OF TREASURY ALSO REQUIRES THAT ITS ACTIVITIES BE CONDUCTED WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN.

Prohibited Practices Include:

- Denying any individual any services, opportunity, or other benefit for which he or she is otherwise qualified;
- Providing any individual with any service or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
- Subjecting any individual to segregated or separate treatment in any manner related to his or her receipt of service;
- Restricting any individual in any way in the enjoyment of services; facilities; or any other advantage, privilege, or benefit provided to others under the program;
- Adopting methods of administration that would limit participation by any group of recipients or subject them to discrimination;
- Addressing an individual in a manner that denotes inferiority because of race, color, or national origin;
- Subjecting any individual to incidents of racial or ethnic harassment, the creation of a hostile racial or ethnic environment, and a disproportionate burden of environmental health risks on minority communities.

Should you feel you have been discriminated against, please contact the local Title VI coordinator.

Name: _____ Title: _____

Address: _____

Phone Number: _____ Fax: _____

- **Any individual may file a Title VI complaint with the below listed entities. It is preferable that complaints be registered at the local level first.**

**DEPARTMENT OF TREASURY
TITLE VI COMPLIANCE COORDINATOR & GENERAL COUNSEL**

MARY ROBERTS-KRAUSE, JD
Or ANN TAYLOR-THARPE, HUMAN RESOURCE DIRECTOR
502 DEADERICK STREET NORTH
ANDREW JACKSON BUILDING, 11TH FLOOR
NASHVILLE, TN 37243
615-741-7063
Toll-Free: 800-XXX-XXXX

OR

**U.S. DEPARTMENT OF JUSTICE
COORDINATION & REVIEW SECTION - NYA
CIVIL RIGHTS DIVISION
950 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20530
(888) 848-5306 (toll free voice and TDD)**